

STATE OF MAINE  
DIRECT HIRE CAREER OPPORTUNITY  
Department of Corrections  
Downeast Correctional Facility

**Vocational Trades Instructor - Welding Trades**

Date Issued: January 5, 2012  
Pay Grade: 01  
Job Class Code: 3137

Date Closed to Application: January 19, 2012  
Bargaining Unit: Pro-Tech  
Salary: \$35,890.88 - \$54,846.40

*Value \* of State-paid Health Insurance*

Level 2:	95% State Contribution (employee pays 5%):	\$359.27 biweekly
Level 3:	90% State Contribution (employee pays 10%):	\$341.08 biweekly
Level 4:	85% State Contribution (employee pays 15%):	\$322.89 biweekly

The level of the actual value of state paid Health Insurance will be based on the employee's wage rate and status with regard to the health credit premium program as of July 1, 2011. Value of State paid Dental Insurance: \$13.69 bi-weekly. Value of State's share of Employee's Retirement: 12.27% of pay

**DESCRIPTION:** In this job, you will teach and supervise prisoners in a welding trades vocational training program. You will develop course curricula, instruct classes, and evaluate student progress and skill level.

**To be successful in this field, you will need to have knowledge in areas such as:**

- \* teaching principles and practices
- \* counseling principles and practices
- \* the trade, including the safe and proper use of tools and equipment

**As well, you must have the ability to:**

- \* evaluate student progress and performance
- \* communicate effectively orally and in writing
- \* prepare clear and concise written reports
- \* develop course curricula and lesson plans
- \* maintain discipline

**MINIMUM QUALIFICATIONS:** A Bachelors Degree in Vocational Education – OR – a completed apprenticeship and three (3) years of employment in the specific subject area – OR – a two (2) year certificate from a technical institution and three (3) years of employment in the specific subject area - OR – a high school diploma or GED and six (6) years of employment in the specific subject area.

**Certification:** (This must be met prior to attaining permanent status in this class).Maine Teacher's Certificate in vocational education as issued by the Department of Education.

**HOW TO APPLY:** Obtain direct hire applications at [www.maine.gov/corrections/Career](http://www.maine.gov/corrections/Career) Submit by 1/19/2012 to:  
Tim Cobb, Downeast Correctional Facility, 64 Base Road, Machiasport ME 04655 Phone 207-255-1121

An Equal Opportunity Affirmative Action Employer  
Women and Minorities Encouraged to Apply

Dear *Applicant*:

Thank you for your interest in applying for a Vocational Trades Instructor Position at Downeast Correctional Facility. Please be sure you have an accurate understanding of the job before you proceed further with the application. In this job, you will teach and supervise prisoners in a welding trade vocational training program. You will develop course curricula, instruct classes, and evaluate student progress and skill level.

**MINIMUM QUALIFICATIONS:** A Bachelors Degree in Vocational Education – OR – a completed apprenticeship and three (3) years of employment in the specific subject area – OR – a two (2) year certificate from a technical institution and three (3) years of employment in the specific subject area - OR – a high school diploma or GED and six (6) years of employment in the specific subject area. **Certification:** (This must be met prior to attaining permanent status in this class).Maine Teacher's Certificate in vocational education as issued by the Department of Education.

The direct hire application and these supplemental sheets must be returned to me. It includes the following:

1. **Application** - This is the State of Maine "Direct Hire" application.
2. **Supplemental Sheets** -
3. **Background Check** - This allows the Department of Corrections to conduct a thorough background check.
4. **Reference Forms** - Complete the top portion only on three and sign, so we can obtain valid references.

It is important that all the information you provide is true and accurate without omissions that could impact your suitability for this job.

Sincerely,

*Timothy Cobb*

Downeast Correctional Facility  
64 Base Road  
Machiasport, Maine 04655  
(207) 255-1121  
Timothy.Cobb@maine.gov



State of Maine  
(An Equal Opportunity Employer)

Employment Application  
(revised February 2011)

Last Name		First Name		M.I.	Social Security Number
Have you ever worked, attained licensing or certification, attended school or been convicted of a criminal offense under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is that name? Name #1 _____ Name #2 _____ Name #3 _____ Name #4 _____					
Mailing Address			Town	State	ZIP Code
Home Phone #		Work Phone #		Email Address	
Title of the Job You're Applying For Vocational Trades Instructor					Job Class Code 3137
<b>Veteran's Preference:</b> See pamphlet "Veteran's Preference in Maine State Service" or go to <a href="http://www.maine.gov/state/jobs/veteran.htm">www.maine.gov/state/jobs/veteran.htm</a> for more information. Provide DD214 and disability forms if applicable. <input type="checkbox"/> Not Claimed <input type="checkbox"/> 5 Points (Requires DD214) <input type="checkbox"/> 10 Points (Requires DD214 and VA Statement of Disability)					
Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a present or former Maine State employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Department		Job Title		Begin Date	End Date
Are you willing to work: <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Holidays					
Do you have a current Maine driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C					
Are you willing to travel on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you willing to use your own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No What shifts are you willing to work? <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>					
<b>ADMINISTRATIVE SKILLS</b> (subject to formal testing and work sampling) WORDS PER MINUTE Typewriter: _____ Keyboarding: _____					
<b>FOREIGN LANGUAGE SKILLS</b> Language _____ Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Language _____ Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>					

Signature

Date

### Geographic Preference

Candidates are asked to specify the geographic areas of the State in which they will accept employment by completing the form below. You may select or change the conditions of your referral by checking the appropriate boxes. Mark the area(s) and condition(s) of employment suitable to you. If you do not select any areas, the bureau will automatically refer your name for all counties and employment types.

F = Full Time      P = Part Time      T = Temporary      S=Seasonal

		F	P	T	S			F	P	T	S			F	P	T	S
0	All Counties					21	Hancock					42	Piscataquis				
1	Androscoggin					22	Bar Harbor					43	Dover-Foxcroft				
2	Lewiston					23	Bucksport					44	Greenville				
3	Livermore					24	Ellsworth					45	Sagadahoc				
4	Aroostook					25	Kennebec					46	Bath				
5	Ashland					26	Augusta					48	Somerset				
6	Caribou					27	Augusta-RPC					49	Skowhegan				
7	Fort Kent					28	Waterville					50	Waldo				
8	Houlton					29	Knox					51	Belfast				
9	Madawaska					30	Rockland					52	Washington				
10	Presque Isle					31	Thomaston					53	Bucks Harbor				
11	Van Buren					32	Lincoln					54	Calais				
12	Cumberland					33	Boothbay					55	Eastport				
13	Portland					34	Oxford					56	Machias				
14	Brunswick					35	Norway					57	York				
16	South Portland					36	Rumford					58	Biddeford				
17	Windham MCC					37	Penobscot					59	Kittery				
18	Franklin					38	Bangor					60	Saco				
19	Farmington					39	Bangor BMHI					61	Sanford				
20	Rangeley					40	Charleston										
						41	Millinocket										

### **Education**

Last Yr Completed	Name and Location	Sem Hrs	Qtr Hrs	Major	Minor	Yr Of Deg	Degree Type
High School 1 2 3 4							
College or University 1 2 3 4							
Grad School 1 2 3 4							
Prof School 1 2 3 4							
Other 1 2 3 4							

### Licenses, Certifications and Registrations

Name of License, Registration or Certification	License Number	State of Issue	Expiration Date

### Important instructions for Completing Employment History

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION WILL BE REJECTED. List your entire work history including part-time, temporary and volunteer jobs. List jobs in reverse order, starting with your present or last job. List each promotion as a separate job. To evaluate your qualifications we must have accurate and complete information on previous job tasks and levels of responsibility. Part or all of your examination score may be based on your work history. Be thorough and specific in the detailing of duties. SPECIAL NOTE: If additional space is needed, attach separate sheets.

<b>Employer #1</b>	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:	
Reason for Leaving:	
<b>Employer #2</b>	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:	

<b>Employer #3</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
<b>Employer #4</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
<b>Employer #5</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
<b>Employer #6</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	

<b>Employer #7</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
<b>Employer #8</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
<b>Employer #9</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
<b>Employer #10</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	

**The State of Maine conducts background checks.**

Have you ever been convicted of any violation of law by any court of law? Include any guilty pleas entered, military courts martial, traffic violation convictions for Operating Under the Influence (OUI), or traffic violations that resulted in your license being suspended. Do not include here any juvenile adjudications or traffic violations not listed above. Some positions require disclosure of juvenile adjudications. Applicants for these positions will be required to disclose juvenile adjudications on a supplemental form provided for that purpose.

Please print your answer (either "Yes" or "No") in the space provided: \_\_\_\_\_

If yes, please list: Offense(s)

Date of Conviction(s)

_____	_____
_____	_____
_____	_____
_____	_____

Not all conviction(s) or adjudication(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information will result in employment ineligibility.

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**Please read and sign the following statement:** I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed. I hereby authorize the State of Maine, the Department of Administrative and Financial Services, Bureau of Human Resources and agencies to whom my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the State of Maine to check my driving record if the position for which I am applying requires driving. I understand that I may be asked to submit to a pre-employment drug test, a credit history check and/or a criminal history background check as a condition of employment. I authorize the Bureau of Human Resources or its assignee to receive and make available to other state agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as reference, educational institution or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Human Resources Use Only							Date Stamp
Review	Initials	Date	<input type="checkbox"/> Closing Date		Date Sent:		
1			<input type="checkbox"/> Supplemental Questions		Date Due:		
2			<input type="checkbox"/> Qualified			<input type="checkbox"/> Not Qualified	
3			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Conditionally Qualified			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reason	
Exam Components		%	Date	Results	Record	Comments	
MERS							
T & E							
Written							
PAT							
Oral						Convert Score From	
Service Rating							
1 Performance							
2 Performance							
AGENCY PERSONNEL USE ONLY							
Minimum Qualifications			<input type="checkbox"/> Pass <input type="checkbox"/> Fail		Date	Rater's Name	
Testing Record				Results			
Hired in Classification Title		Agency		Effective Date		Position Number	

Entry control Label

**APPLICANT INFORMATION SURVEY**

**INSTRUCTIONS TO THE APPLICANT:** The State of Maine is an Equal Opportunity Employer. The information solicited on this page is being compiled by the Maine Bureau of Human Resources to comply with Federal record-keeping regulations and EEO/Affirmative Action requirements. You are not required to furnish this information, but your cooperation is encouraged. The information on this form is **CONFIDENTIAL**. The page will be removed from your application prior to review and destroyed after data compilation.

**RACIAL/ETHNIC DEFINITIONS**

0. **WHITE** (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
1. **BLACK** (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
2. **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
3. **ASIAN OR PACIFIC ISLANDERS**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
4. **AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
6. **OTHER**

- ☐ 1. I have read the paragraph above and do not wish to provide the information.

-- -- -- 2. Enter your date of birth  
(month) (day) (year)

- ☐ 3. Enter your racial/ethnic group code number  
(refer to definitions at left)

- ☐ 4. What is your sex? A. Female B. Male

**DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS:**

(The requirements are different from State Veterans Preference)

**VIETNAM ERA VETERAN**: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975.

**DISABLED VETERAN**: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more, or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.

**PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU** (refer to definitions at left)

- ☐ 5. Vietnam Era Veteran

- ☐ 6. Disabled Veteran

**DEFINITION FOR DISABILITY**

Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment has a disability under the Americans With Disabilities Act. Major life activities include: walking, seeing, hearing, learning, self-care, speaking, lifting, reaching, thinking performing manual tasks, breathing, working and interacting with others.

**PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU** (refer to definitions at left)

- ☐ 7. Have a disability as defined

- ☐ 8. Interview accommodations may be necessary due to a disability

SUPPLEMENTAL QUESTIONS  
Downeast Correctional Facility  
Vocational Trades Instructor

**Please take the time to thoroughly explain your responses to the following questions.**

1. Why do you want to work as a VOCATIONAL TRADES INSTRUCTOR at Downeast Correctional Facility?
2. Do you have a career goal(s) in the corrections field?
3. Please tell us about any experience you have interacting with students/*prisoners/or anyone else which might enhance your performance as a VOCATIONAL TRADES INSTRUCTOR.*
4. Would you have a problem dealing with any particular type of offender?
5. Is there any part of this job, as you understand it, which you might be unwilling to do?
6. Do you know anyone who is a current or former prisoner/juvenile resident/probationer/or otherwise been in the custody or under the supervision of the Maine Department of Corrections?
7. Have you ever been a supervisor? When? Where? Explain what you did.
8. How did you hear about this position?
9. When are you available to begin?
10. *If this is an adult facility position:* Do you have experience using firearms?
11. Please list all other names you have ever used.
12. Please list your residences for the past 10 years.
13. Can you perform the duties of this position, with or without accommodation?

**BACKGROUND CHECK FOR EMPLOYMENT**  
**MAINE DEPARTMENT OF CORRECTIONS**  
*DOWNEAST CORRECTIONAL FACILITY*  
*VOCATIONAL TRADES INSTRUCTOR*

IN ORDER TO PROCESS YOUR APPLICATION FOR A POSITION AT DOWNEAST CORRECTIONAL FACILITY, THE MAINE DEPARTMENT OF CORRECTIONS CONDUCTS A BACKGROUND CHECK WHICH INCLUDES THE FOLLOWING:

- Department of Corrections records
- Motor Vehicle records
- Law enforcement records
- Maine State Bureau of Identification
- Federal Bureau of Identification

ANY CRIMINAL CONVICTION AND/OR JUVENILE ADJUDICATION MAY DISQUALIFY YOU FROM CONSIDERATION FOR THE VOCATIONAL TRADES INSTRUCTOR POSITION.

This includes motor vehicle violations that constitute crimes including OUIs/DWIs/OAs committed as an Adult and/or as a Juvenile.

**HAVE YOU EVER BEEN CONVICTED OR ADJUDICATED OF ANY ADULT OR JUVENILE CRIME?**

     Yes           No

**If YES, please explain:**

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**This includes adult crimes or juvenile crimes or their equivalent in any jurisdiction including federal, military, tribal, and other states or countries.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Failure to disclose any of the above may be cause for disqualification and/or termination of your employment.

STATEMENT OF APPLICANT

I understand the following information will be utilized solely for the purpose of obtaining a background check as described above.

Vocational Trades Instructor

Title of Position

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number/Specify State

## REFERENCE INQUIRY FORM

Downeast Correctional Facility

Return 3 Referral Forms

### Applicant's Section:

Your Printed Name: \_\_\_\_\_

Position Applied For: VOCATIONAL TRADES INSTRUCTOR

List the Work Reference we should send this form to:

Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position There: \_\_\_\_\_

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE Downeast Correctional Facility

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Employer's Section:

The person above has applied for a position on our staff. We would appreciate your response within ten days with your frank rating of the applicant's performance. All information furnished by you will be considered confidential. Thank you.

*Christine E. Conlogue*, Personnel Manager

Are employment dates correct? If not, please list: From \_\_\_\_\_ To \_\_\_\_\_

Type of job (classification) \_\_\_\_\_

	Excellent	Above Average	Average	Below Average	Poor
Knowledge of job:	[ ]	[ ]	[ ]	[ ]	[ ]
Quality of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Quantity of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Dependability:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's attendance record:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's services in general:	[ ]	[ ]	[ ]	[ ]	[ ]
Did applicant follow instructions as given:			Yes	[ ]	No [ ]
Did applicant work in harmony with fellow employees:			Yes	[ ]	No [ ]
Would you recommend applicant to us for employment:			Yes	[ ]	No [ ]

Wages: \$ \_\_\_\_\_ per hour [ ] day [ ] week [ ] month [ ]

Reason for leaving: laid off [ ] discharged [ ] resigned [ ]

Is applicant eligible for rehire: Yes [ ] No [ ]

If not, please list reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

## REFERENCE INQUIRY FORM

Downeast Correctional Facility

Return 3 Referral Forms

### Applicant's Section:

Your Printed Name: \_\_\_\_\_

Position Applied For: VOCATIONAL TRADES INSTRUCTOR

List the Work Reference we should send this form to:

Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position There: \_\_\_\_\_

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE Downeast Correctional Facility

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Employer's Section:

The person above has applied for a position on our staff. We would appreciate your response within ten days with your frank rating of the applicant's performance. All information furnished by you will be considered confidential.

Thank you.

*Christine E. Conlogue*, Personnel Manager

Are employment dates correct? If not, please list: From \_\_\_\_\_ To \_\_\_\_\_

Type of job (classification) \_\_\_\_\_

	Excellent	Above Average	Average	Below Average	Poor
Knowledge of job:	[ ]	[ ]	[ ]	[ ]	[ ]
Quality of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Quantity of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Dependability:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's attendance record:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's services in general:	[ ]	[ ]	[ ]	[ ]	[ ]
Did applicant follow instructions as given:				Yes [ ]	No [ ]
Did applicant work in harmony with fellow employees:				Yes [ ]	No [ ]
Would you recommend applicant to us for employment:				Yes [ ]	No [ ]

Wages: \$ \_\_\_\_\_ per hour [ ] day [ ] week [ ] month [ ]

Reason for leaving: laid off [ ] discharged [ ] resigned [ ]

Is applicant eligible for rehire: Yes [ ] No [ ]

If not, please list reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_

Signature and Title \_\_\_\_\_

Date \_\_\_\_\_

## REFERENCE INQUIRY FORM

Downeast Correctional Facility

Return 3 Referral Forms

### Applicant's Section:

Your Printed Name: \_\_\_\_\_

Position Applied For: VOCATIONAL TRADES INSTRUCTOR

List the Work Reference we should send this form to:

Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position There: \_\_\_\_\_

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE Human Resources Office at Downeast Correctional Facility

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Employer's Section:

The person above has applied for a position on our staff. We would appreciate your response within ten days with your frank rating of the applicant's performance. All information furnished by you will be considered confidential. Thank you.

*Christine E. Conlogue*, Personnel Manager

Are employment dates correct? If not, please list: From \_\_\_\_\_ To \_\_\_\_\_

Type of job (classification) \_\_\_\_\_

	Excellent	Above Average	Average	Below Average	Poor
Knowledge of job:	[ ]	[ ]	[ ]	[ ]	[ ]
Quality of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Quantity of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Dependability:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's attendance record:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's services in general:	[ ]	[ ]	[ ]	[ ]	[ ]
Did applicant follow instructions as given:			Yes	[ ]	No [ ]
Did applicant work in harmony with fellow employees:			Yes	[ ]	No [ ]
Would you recommend applicant to us for employment:			Yes	[ ]	No [ ]

Wages: \$ \_\_\_\_\_ per hour [ ] day [ ] week [ ] month [ ]

Reason for leaving: laid off [ ] discharged [ ] resigned [ ]

Is applicant eligible for rehire: Yes [ ] No [ ]

If not, please list reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_

Signature and Title \_\_\_\_\_

Date \_\_\_\_\_